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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE ALPHA REVENUE LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Alpha	Revenue L	LC				
2. (a)	2880W OAKLAND PARK BLVD	(b) 288	BOW OAKLAND PARK BLVD				
2. (11)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SUITE 225C	SU	ITE 225C				
	OAKLAND PARK, FL 33311	OA	KLAND PARK, FL 33311				
	10/23/19	L190	L19000265483				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	CORPORATIONS SERVICES & REGIS	TERED AGENT	S				
.). (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	2398 COMMERCIAL WAY						
	Registered Office Address (MUST BE FLORIDA STR.						
	SUITE 224		. 20				
	SPRING HILL	_{. FL} 34606	2020 APR				
(b)	Northwest Registered Ager						
,	Enter name of NEW Registered Agent and/or NEW Regis						
	7901 4th St N	An 10: 31					
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	, FL 33702					
If the	limited liability company is not organized under th	ne laws of the State	of Florida, it is hereby confirmed that after				

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Morgan Jobben	Morgan Noble	
Signature of a member or authorized representative of a member	Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

molified in writing of this change.

Clowe Tom Glover - Assistant Secretary

Signature of Registered Agent